

## BLOCK PARTY STREET CLOSURE APPLICATION

**Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

Dates (s) and time (s) of requested street closure:

Date	Street	Time (indicate a.m. or p.m.)
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_____	_____	_____ to _____
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_____	_____	_____ to _____
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_____	_____	_____ to _____
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**Describe requested closure locations, including street name, block, and cross street(s):**  
**Draw closures on map provided.**

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**Street Closure Approved by:**

**Police Chief** \_\_\_\_\_ **Date** \_\_\_\_\_  
Dave Wohlers 303-567-4291

**Public Works Superintendent** \_\_\_\_\_ **Date** \_\_\_\_\_  
Randy Rasmussen 303-567-2400

**Fire Chief** \_\_\_\_\_ **Date** \_\_\_\_\_  
Kelly Babeon 303-567-4342 ext 123

**EMS Director** \_\_\_\_\_ **Date** \_\_\_\_\_  
Nicolana Johnson 303-567-4221

**\*\*This applicant is ☐ is not ☐ required to provide a traffic control plan. The applicant is ☐ is not ☐ required to hire a barricade company for this event.**

**Name of barricade company:** \_\_\_\_\_

